

FILED JAN 3 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40193

BIRTH NO. _____		REG. DIST. NO. 82		PRIMARY REG. DIST. NO. 3017		Registrar's No. 126	
1. PLACE OF DEATH a. COUNTY COOPER				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE ILLINOIS b. COUNTY UNION			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN BOONVILLE		c. LENGTH OF STAY (In this place) 30 min.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN BUNCOMBE		8120	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. JOSEPH'S HOSPITAL				d. STREET ADDRESS (If rural, give location) R.F.D. 1 8			
3. NAME OF DECEASED (Type or Print) PVT. EDWARD MASSEY				4. DATE OF DEATH DEC. 23-1950			
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED		8. DATE OF BIRTH DEC. 27 - 1927	
9. AGE (In years last birthday) 22		IF UNDER 1 YEAR Months Days		IF UNDER 1 HRS. Hours Mins.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PRIVATE IN U.S. ARMY		10b. KIND OF BUSINESS OR INDUSTRY ARMY		11. BIRTHPLACE (State or foreign country) OLD DUQUIN - ILLINOIS		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME CHARLES MASSEY		13b. MOTHER'S MAIDEN NAME LUCY FITE		14. NAME OF HUSBAND OR WIFE NONE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES		16. SOCIAL SECURITY NO. NOV. 14-1950		17. INFORMANT'S SIGNATURE OR NAME ADDRESS WILLIAM MASSEY-BUNCOMBE ILLINOIS			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Compound comminuted skull fracture with laceration brain injury ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause, (a) stating the underlying cause last. DUE TO (b) Auto Accidents DUE TO (c) Hemorrhage; shock II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 54234 32 #	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		027	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway 40-6 mi west		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Boonville Cooper Mo			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Dec 23 1950 4:20 a.m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Auto wreck		ROR	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred on _____, 19____, from the causes and on the date stated above.							
23a. SIGNATURE M. L. Deekraeger 3		(Degree or title) M.D. Carner		23b. ADDRESS Boonville Mo		23c. DATE SIGNED 12/23/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE 12/25/50		24c. NAME OF CEMETERY OR CREMATORY ANNA - ILLINOIS		24d. LOCATION (City, town, or county) (State) ANNA - ILLINOIS	
DATE REC'D BY LOCAL 12-24-50		REGISTRAR'S SIGNATURE DeHooper 381		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STEGNER FUNERAL HOME-BOONVILLE MO.			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 1-25/

DISTRICT HEALTH OFFICE No. 3

Exhibit File Number _____

Date Filed 1-25/

JAN 8 1951

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student Embalmer No.

Signed _____

Signed _____
Student Embalmer

Licensed Embalmer No. 3780

P. O. Address BOONVILLE - MO.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.